

# Rhode Island Medicaid Revalidation 2019 Supplemental Application Documentation Requirements for Providers \*\*SERVIC\*\* Supplemental Application Documentation Requirements for Providers\*\*

RI Medicaid provider enrollment revalidation is mandated by the Centers for Medicare and Medicaid (CMS) provider screening and program integrity rules. As such, providers are required to submit supplemental application materials.

# **ALL PROVIDERS must submit the following supplemental materials:**

- 1. W9 Form (see here)
- 2. Rhode Island Medicaid Disclosure Questions (see here)
- 3. Additional Federally Required Disclosure Information (see here)

Furthermore, certain provider types are required to provide additional documentation. Please see below to determine the additional supplemental documentation you are required to provide.

## INPATIENT FACILITIES

- Hospital Room and Board Rate & Revenue Codes
- Centers for Medicare & Medicaid Services (CMS) Clinical Laboratory Improvement Amendments (CLIA) Certificate of Accreditation

## **OUTPATIENT FACILITIES**

CLIA Certificate of Accreditation

#### INDEPENDENT LABS

CLIA Certificate of Accreditation

# **ASSISTED LIVING FACILITIES**

 Copy of Final Rule letter from RI Executive Office of Health and Human Services (EOHHS)

## **ADULT DAY CARE FACILITIES**

Copy of Final Rule letter from EOHHS

# SHARED LIVING FACILITIES

Copy of Final Rule letter from EOHHS

# **HOME CARE AGENCIES**

Transportation certificate